

Case Number:	CM13-0002788		
Date Assigned:	07/30/2013	Date of Injury:	02/14/2006
Decision Date:	01/02/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 02/14/2006. The primary treating diagnosis is a rotator cuff syndrome. Additional treating diagnoses include a postlaminectomy syndrome and cervical disc displacement. The initial physician reviewer recommended approval of nabumetone with clarification that the dosing would be one tablet twice per day. The initial physician reviewer recommended certification for the request of hydrocodone, with the clarification that this should be allowed for tapering and discontinuation of medication pending additional documentation of functional benefit of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Nabumetone 750mg # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory Page(s): 22.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, states, "Anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume." The guidelines and a review of the medical records submitted, do clearly support an indication for anti-inflammatory medication as a first-line treatment. The modification from the initial reviewer appeared to be a clarification

that the requested dosage is a one month supply at b.i.d., which is consistent with the medical record. The request for Nabumetone 750mg #60 1 tab by mouth twice a day is medically necessary and appropriate.